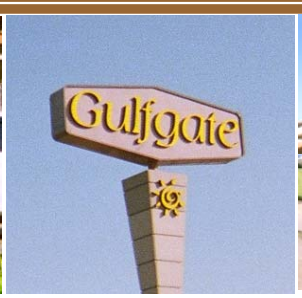
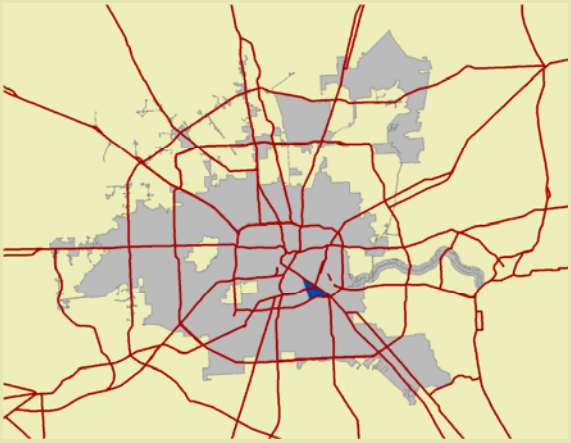
1999-2003

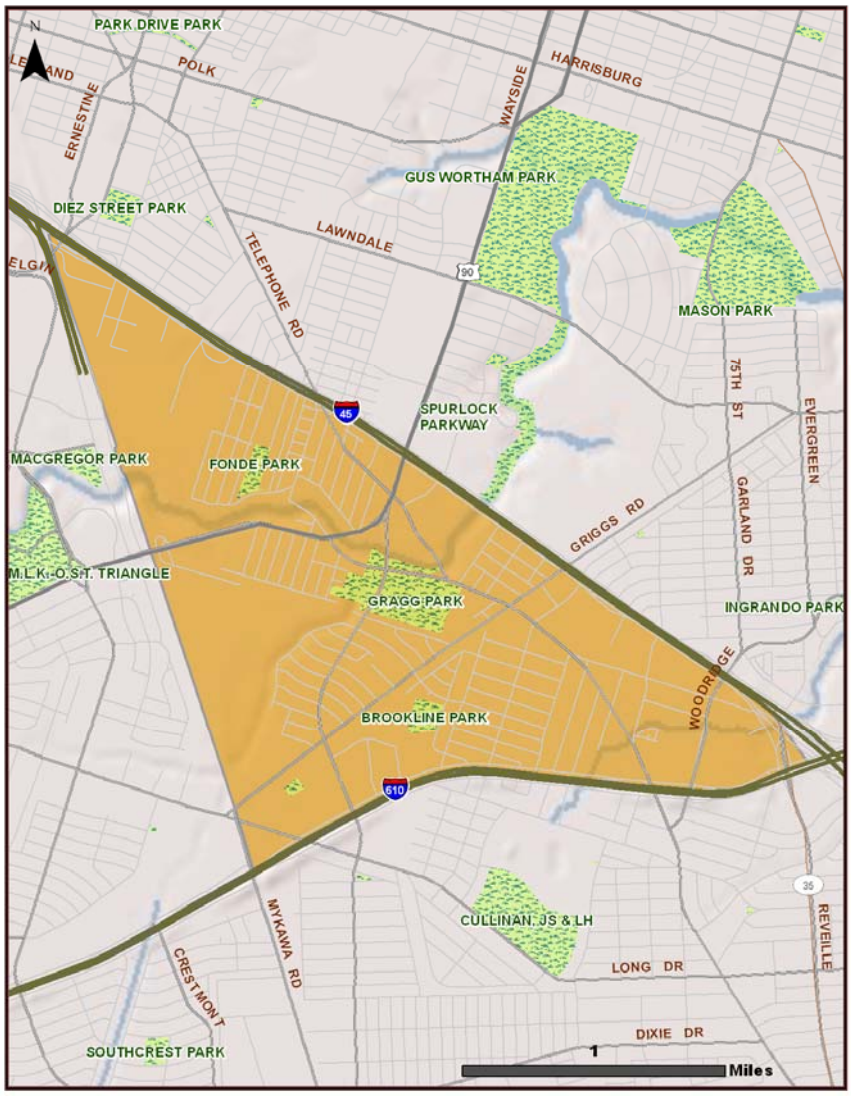
City of Houston
Department of Health and Human Services
Office of Surveillance and Public Health Preparedness

Community Health Profiles



Gulfgate River-view – Pine Valley Super Neighborhood





Providing Health Information for Community Action

Introduction

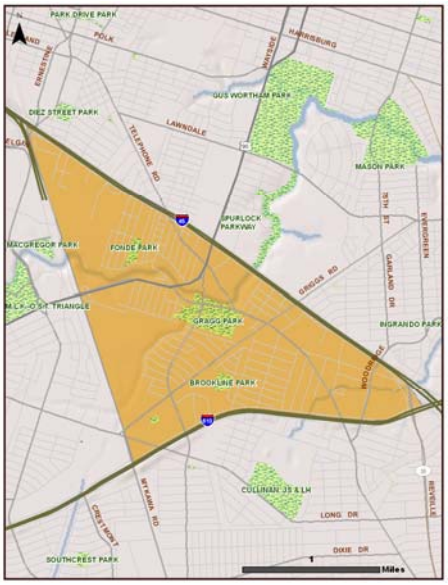


Table of Contents

This community health profile highlights important health issues facing the residents of the Gulfgate Riverview-Pine Valley Super Neighborhood.

In Houston, a "super neighborhood" is a geographically defined area where residents, civic organizations, institutions and businesses work together to identify, plan, and set priorities to address the needs and concerns of their community. The boundaries of each super neighborhood rely on major physical features such as bayous or freeways to group together contiguous communities that share common physical characteristics, identity or infrastructure. Gulfgate Riverview-Pine Valley Super Neighborhood will hereinafter be referred to as "Gulfgate Riverview-Pine Valley".

It is the intention of the Houston Department of Health and Human Services (HDHHS), in developing health profiles such as this, to promote a better understanding by local residents, community-based organizations, community leaders, medical providers, and the public health community of the unique character and circumstances of our various communities, and to draw attention to those matters that contribute to the greatest of health disparities among the citizens of our growing, culturally and ethnically diverse city.

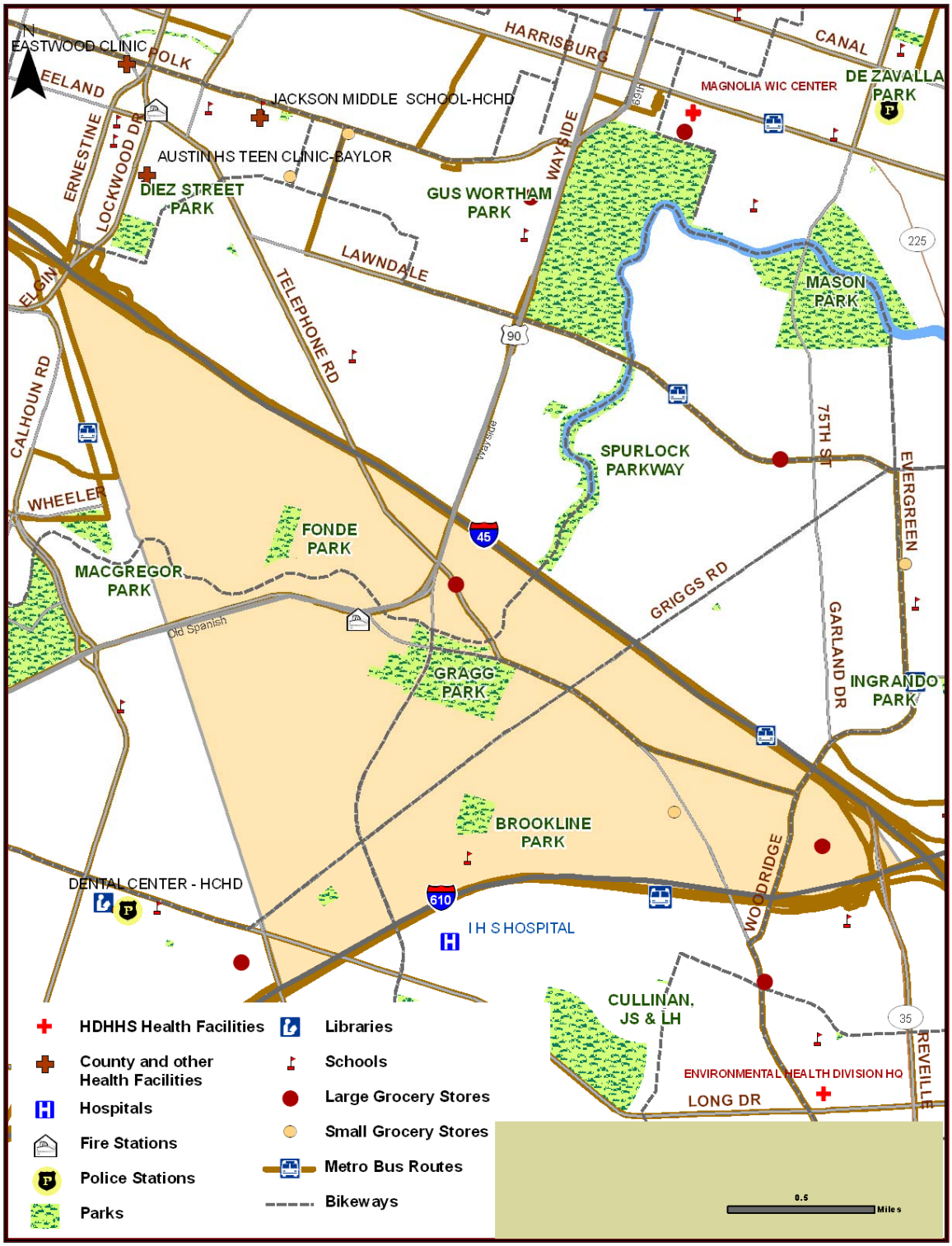
This profile also represents an effort on the part of HDHHS to provide a "baseline" of indicators of health in our communities, against which future trends in conditions can be measured and monitored, and appropriate public health actions, taken.

We hope that this health profile will support these efforts in Gulfgate Riverview-Pine Valley and across the City of Houston.

Stephen L. Williams, M.Ed., M.P.A.
Director
Houston Department of Health and Human Services

Community Resources

The health of a community depends to a great extent upon the availability and accessibility of its resources.

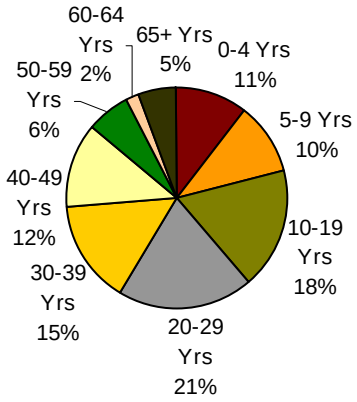


Gulfgate Riverview-Pine Valley at a Glance

The total population of Gulfgate Riverview-Pine Valley was 12,905, according to the 2000 census.*

Age

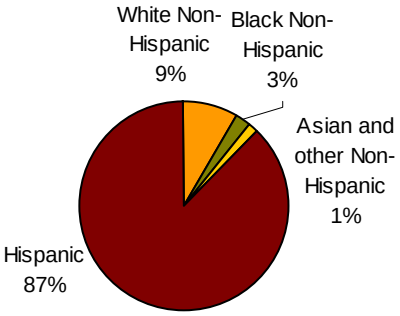
At the time of the 2000 census, more than one-third (39%) of Gulfgate Riverview-Pine Valley residents were under the age of 20. More than half (56%) were between 20 and 64 years of age, and 5% were 65 or older.



Race, Ethnicity, National Origin

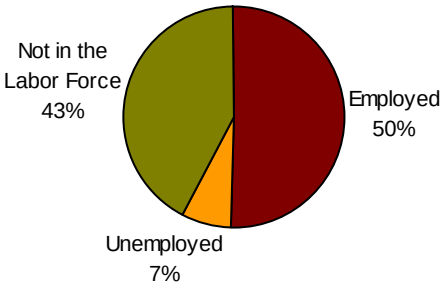
The majority of residents in Gulfgate Riverview-Pine Valley were Hispanic. Whites were the second largest group, though they comprised only 9% of the population. Four percent of the population were of other races.

Of the total population, 46% were native Texans; 50% were foreign born.



Employment

Half of Gulfgate Riverview-Pine Valley residents, ages 16 and over, were either unemployed or were not in the labor force in 1999.

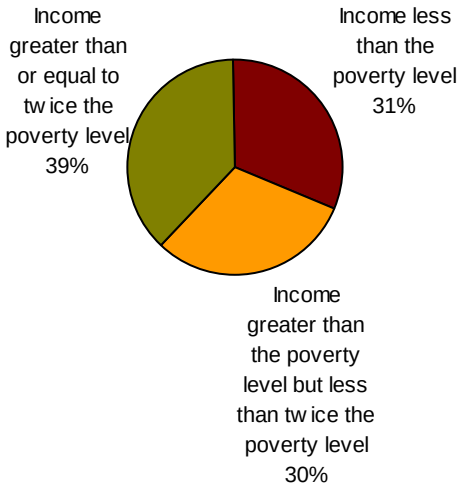


* Data Source: U.S. Census 2000. Total population was calculated from census block-level data using Summary File 1. For purposes of describing demographics using Summary File 3, the super neighborhood is defined by the following census geographies: Tracts 3117, 3118, and 3119.

Poverty

Nearly one-third (31%) of the population in Gulfgate Riverview-Pine Valley was below the poverty level in 1999. Sixty-one percent of all residents in the super neighborhood had incomes less than twice the poverty level.

Of those living below the poverty level, 47% were children under 18 years of age; 3% were adults 65 and older.

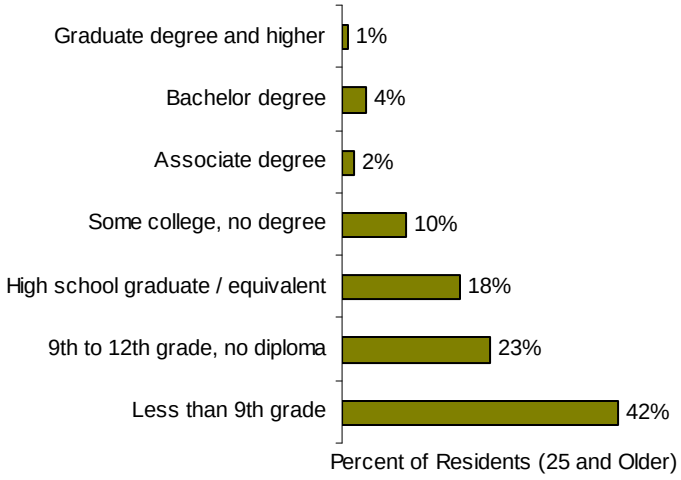


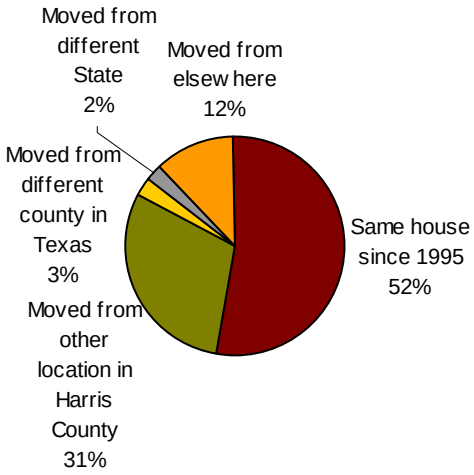
Education

Approximately two-thirds (65%) of Gulfgate Riverview-Pine Valley residents, ages 25 and over, reported that they had not graduated from high school.

Nearly one-fifth (18%) of residents reported a high school diploma (or the equivalent) as their highest level of educational attainment.

Approximately 17% of residents had attained education beyond the high school level, with 7% earning a college degree.





Population Stability

Approximately half (52%) of the residents of Gulfgate Riverview-Pine Valley had lived in the same house since 1995. Just under one-third moved to Gulfgate Riverview-Pine Valley from other locations in Harris County between 1995 and 1999.

Seventeen percent of residents moved to the area from outside Harris County between 1995 and 1999.

Data Source: U.S. Census 2000, Summary File 3

Major Causes of Death

During the years 1999-2003, the residents of the super neighborhood had a lower annual average mortality rate than those of Houston overall.

Leading Causes of Mortality, Gulfgate Riverview-Pine Valley, Houston, Texas, 1999-2003

Rank	Cause of Death	Gulfgate Riverview-Pine Valley Deaths	Gulfgate Riverview-Pine Valley Rates*	Houston Rates*	Gulfgate Riverview-Pine Valley - Houston Rates
	All Causes	243	777.5	898.2	-120.8
1	Heart Disease	66	236.3	262.0	-25.7
2	Cancer	44	143.8	197.6	-53.8
3	Stroke	12	- -	76.0	- -
4	Accidents	17	- -	34.8	- -
5	Influenza and Pneumonia	8	- -	20.0	- -
6	Diabetes Mellitus	10	- -	28.0	- -
7	Septicemia	7	- -	18.1	- -
8	Chronic Lower Respiratory Disease	7	- -	31.9	- -
9	Kidney Disease	7	- -	15.8	- -
10	Alzheimer's Disease	<5	- -	20.5	- -

Other Causes of Death of Particular Interest, Gulfgate Riverview-Pine Valley, Houston, Texas, 1999-2003

Cause of Death	Gulfgate Riverview-Pine Valley Deaths	Gulfgate Riverview-Pine Valley Rates*	Houston Rates*	Gulfgate Riverview-Pine Valley - Houston Rates
Coronary Heart Disease	43	160.9	174.1	-13.2
Bronchus-Lung Cancer	15	- -	52.8	- -
Motor Vehicle Accident	9	- -	13.2	- -
Firearm Related	<5	- -	7.4	- -
Cervical Cancer	<5	- -	2.2	- -

*Age-adjusted mortality rates: annual average deaths per 100,000 population; census 2000 populations as the denominators; age-adjusted to the 2000 US Standard Million; deaths with known age and disease information.
- - Numbers of deaths were too small for rate calculation.

Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

Years of Potential Life Lost (YPLL)

Years of Potential Life Lost (YPLL) is an indicator of premature mortality. This indicator suggests social and economic loss owing to premature death. It also gives information on the specific causes of deaths affecting younger age groups.

Leading Causes of Premature Death	YPLL Rate*	YPLL Rate**	Houston YPLL Rate**
Accidents	760.7	- -	-
Heart Disease	395.1	- -	-
Homicide	319.7	- -	-
Cancer	298.4	- -	-
HIV/AIDS	221.3	- -	-
Cancer	298.4	- -	-
HIV/AIDS	221.3	- -	-
Diabetes Mellitus	86.9	- -	-
Kidney Disease	49.2	- -	-
Specific Causes of Interest			
Motor Vehicle Accident	486.9	- -	-
Coronary Heart Disease	183.6	- -	-
Bronchus-Lung Cancer	95.1	- -	-

NOTE: Special cause of death categories may not be mutually exclusive.
* Crude annual average YPLL per 100,000 population under age 65 years.
** Age-adjusted annual average YPLL per 100,000 population under age of 65, standardized for 2000 US Standard Million.
- - Number of deaths too small for age-adjustment.
- Houston data not presented because comparison data were not available for the community.

Differences in YPLL rates between Men and Women, 1999-2003

Premature deaths from cancer had a higher impact on the annual average YPLL rates among males than females in this community.

Rate of Years of Potential Life Lost (YPLL Rate)

At every age of death, there is a certain number of years of "expected life" that are not lived, and are therefore "lost". The amount of lost years of life often differ by cause of death. Many people consider death before the age of 65 years as premature. More years of life were lost prematurely due to accidents, heart disease, homicide, cancer, and HIV/AIDS related deaths in this community than any other causes.

Comparison of age-adjusted YPLL rates is not possible because of the relatively small number of deaths occurring before age 65 in Gulfgate Riverview-Pine Valley. YPLL is not reported where fewer than 5 deaths occurred.

Leading Causes of Premature Death §	Male YPLL Rates (number of deaths)	Female YPLL Rates (number of deaths)
Accidents	1344.3 (12)	
Heart Disease	606.6 (13)	
Homicide	594.4 (5)	
Cancer	362.7 (8)	223.5 (6)
Specific Causes of Interest		
Motor Vehicle Accident	835.2 (8)	
Coronary Heart Disease	283.5 (6)	

§ Ranked by Male YPLL Rate
Note: Annual average YPLL rates might be unstable due to small number of premature deaths.

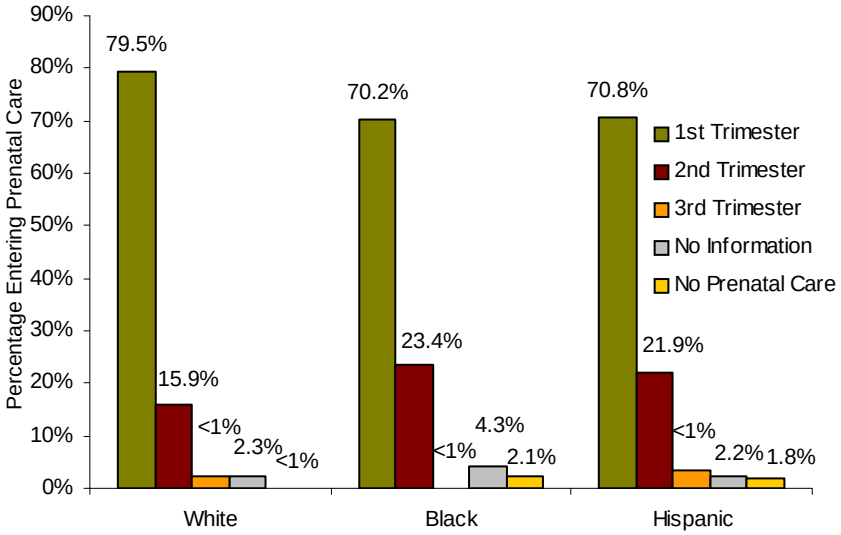
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census, 2000

Maternal and Child Health

Prenatal care is the care a woman gets during pregnancy. Both prenatal care and birth weight are good indicators of a newborn's chances of survival, growth, long term health, and psycho-social development.

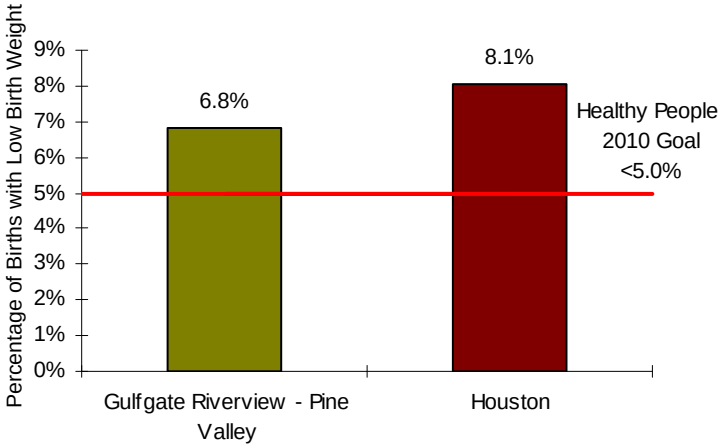
Entry into Prenatal Care by Trimester of Pregnancy, 1999-2003

A higher proportion of White (79.5%) women than Hispanic (70.8%) and Black (70.2%) women in Gulfgate Riverview-Pine Valley entered prenatal care during the first trimester. A small proportion of women in all groups entered prenatal care very late in their pregnancy, or received no care at all.



Low Birth Weight Births (LBWB), 1999-2003

Approximately 7% of live births in Gulfgate Riverview-Pine Valley were of low birth weight (2500 grams or less). This was lower than the overall percentage of Houston. Both were above the Healthy People 2010 goal of less than 5% of live births being low weight.

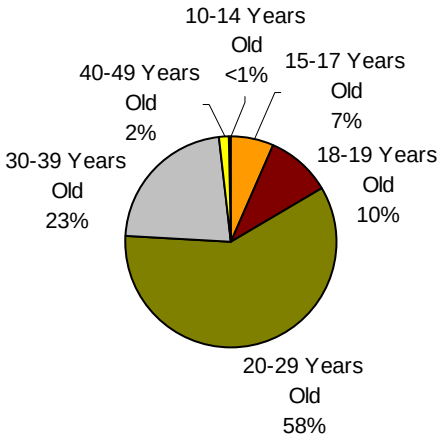


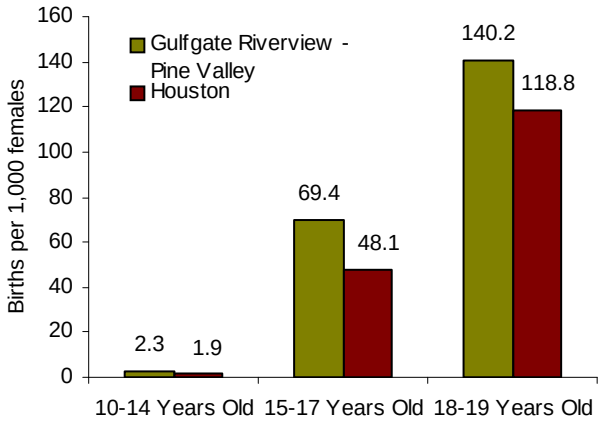
Low birth weight is a factor significantly related to infant mortality. Infants born with low birth weights are at increased risk for serious health problems and long term disabilities such as mental retardation, cerebral palsy, and respiratory, vision, and hearing problems. Low birth weight and infant mortality are therefore among the most important indicators of a community's health.

Data Source: Texas Department of State Health Services, Vital Statistics, 1999-2003

Births to Teen Mothers

Teenage childbearing is associated with negative consequences for the children born of teen mothers. In addition, there are important social and economic costs to individuals as well as the society as a result of births to teenage mothers.



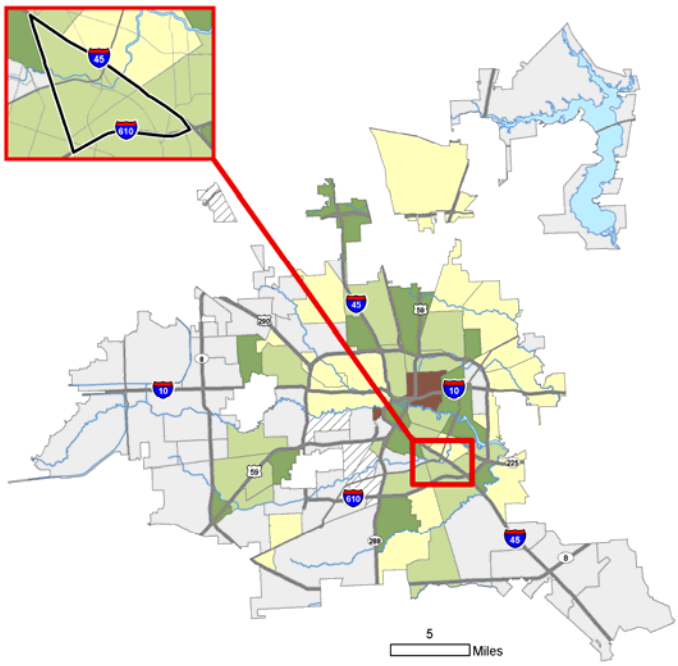


Births by Age of Mother,1999-2003

A total of 1,640 births were recorded over the period 1999-2003 among mothers in Gulfgate Riverview-Pine Valley. One out of every 6 of these births was to a young mother (10-19 years of age).

Births to Teen Mothers,1999-2003

The annual average birth rate for 15-17 year-old teens in Gulfgate Riverview-Pine Valley (69.4 per 1,000 females aged 15 to 17 years) was 44% higher than the rate in Houston overall. The birth rate among 18-19 year-old females in Gulfgate Riverview-Pine Valley was 18% higher than the total Houston rate.



Births to Teen Mothers by Super Neighborhood, 1999-2003

Gulfgate Riverview-Pine Valley was among the neighborhoods in Houston with high annual average rates of births to teen mothers (15-17 years of age).

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate
- Rate Unreliable

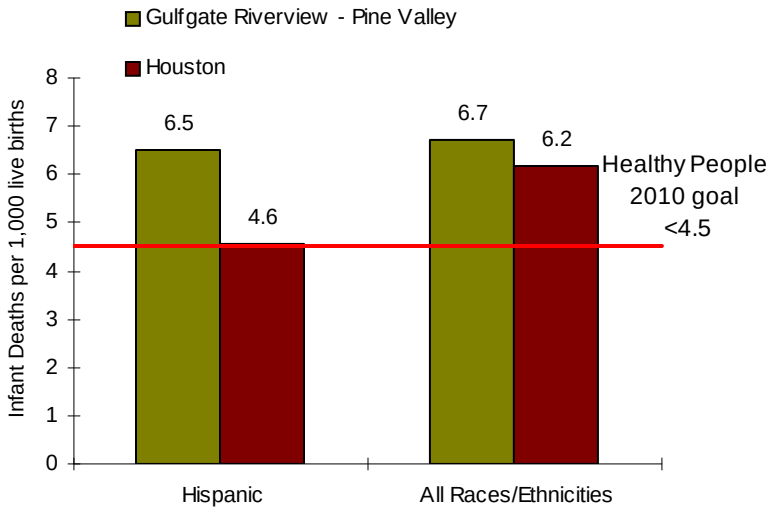
Data Sources: Texas Department of State Health Services, Vital Statistics; US Census 2000

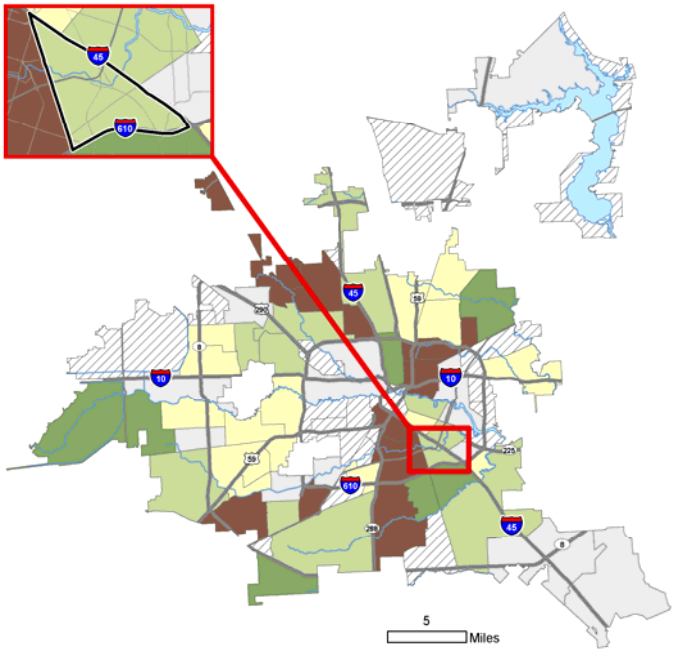
Infant Mortality

Infant mortality annual average rate is the death of infants in the first year of life. It is one of the most important indicators of the health of a community. The Healthy People 2010 goal is to eliminate disparities among racial and ethnic groups with infant mortality rates (IMR) above the national average. The targeted groups are African American, American Indian, Alaskan Native and Puerto Rican populations.

Infant Mortality Rate, 1999-2003

The annual average infant mortality rate in Gulfgate Riverview-Pine Valley was 8% higher than Houston's IMR and 49% higher than the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births. Ninety-one percent (91%) of all infant deaths were among Hispanics in this community. The annual average IMR among Hispanics in Gulfgate Riverview-Pine Valley was 41% higher than that of Hispanics in Houston as a whole. Infant mortality rate among other races/ethnicities was not reported due to small number of infant deaths and unreliable data.





Infant Mortality Rate by Super Neighborhood 1999-2003

Gulfgate Riverview-Pine Valley was among the neighborhoods with high annual average infant mortality rates.

- Less than/Similar to the Healthy People 2010 goal
- Up to 25% above Healthy People 2010 goal
- Up to 50% above Healthy People 2010 goal
- Up to 75% above Healthy People 2010 goal
- Greater than 75% above Healthy People 2010 goal
- Rate Unreliable

Data Source: Texas Department of State Health Services, Vital Statistics

Leading Causes of Hospitalization

Much of the information on health issues that the super neighborhood residents face on a daily basis is not readily available. The leading causes of hospitalization provide a partial picture of those conditions.

	Principal Diagnosis, Multiple Level Clinical Classification of ICD 9	Counts
1	Complications of pregnancy; childbirth; and the puerperium	1192
	Complications during labor	317
	Complications mainly related to pregnancy	279
	Indications for care in pregnancy; labor; and delivery	255
2	Certain conditions originating in the perinatal period	1116
	Liveborn	1091
	Other perinatal conditions	14
	Hemolytic jaundice and perinatal jaundice	5
3	Diseases of the circulatory system	433
	Diseases of the heart	296
	Cerebrovascular disease	78
	Diseases of arteries; arterioles; and capillaries	25
4	Diseases of the digestive system	355
	Lower gastrointestinal disorders	100
	Biliary tract disease	77
	Pancreatic disorders (not diabetes)	47
5	Injury and poisoning	288
	Fractures	102
	Complications	86
	Open wounds	30
6	Diseases of the respiratory system	253
	Respiratory infections	162
	Asthma	22
	Chronic obstructive pulmonary disease and bronchiectasis	19
7	Diseases of the genitourinary system	183
	Diseases of the urinary system	109
	Diseases of female genital organs	59
	Diseases of male genital organs	15
8	Neoplasms	147
	Benign neoplasms	36
	Secondary malignancies	31
	Colorectal cancer	15
9	Symptoms; signs; and ill-defined conditions and factors influencing health status	129
	Factors influencing health care	85
	Symptoms; signs; and ill-defined conditions	44
10	Endocrine; nutritional; and metabolic diseases and immunity disorders	128
	Diabetes mellitus with complications	63
	Fluid and electrolyte disorders	46
	Thyroid disorders	7

In Gulfgate Riverview-Pine Valley, during the years 1999-2002, the most common causes of hospitalization were related to issues of childbirth and perinatal period conditions, cardiovascular and cerebrovascular diseases, digestive disorders, or injury and poisoning.

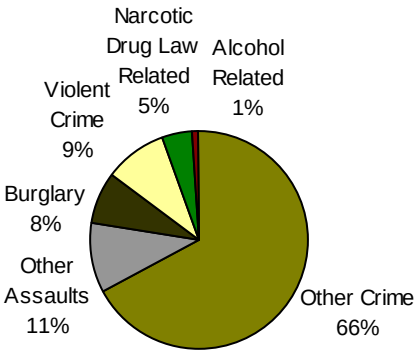
Note that only the most common conditions are listed under each major category of diagnosis, and that the sum of these counts may not equal the total counts for the category.

Data Source: Texas Department of State Health Services, Texas Health Care Information Collection

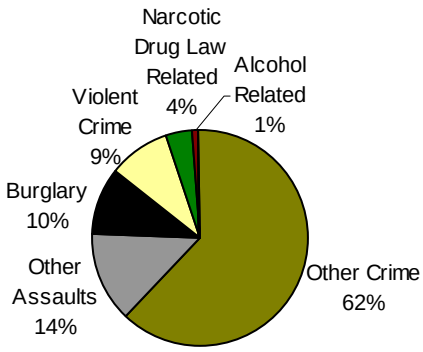
Crime

The crime rate in urban areas is of concern to the residents, law enforcement and the local government. Crimes place stress on the residents of neighborhoods and affect their well-being. Of particular concern are violent crimes that threaten residents' lives, such as those involving firearms.

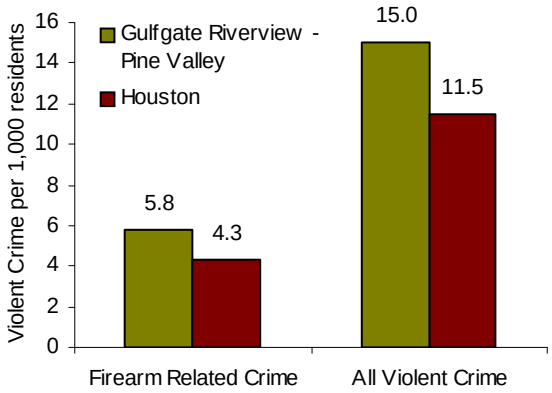
Overview of Crime, 1999-2003



Crime in Gulfgate Riverview - Pine Valley

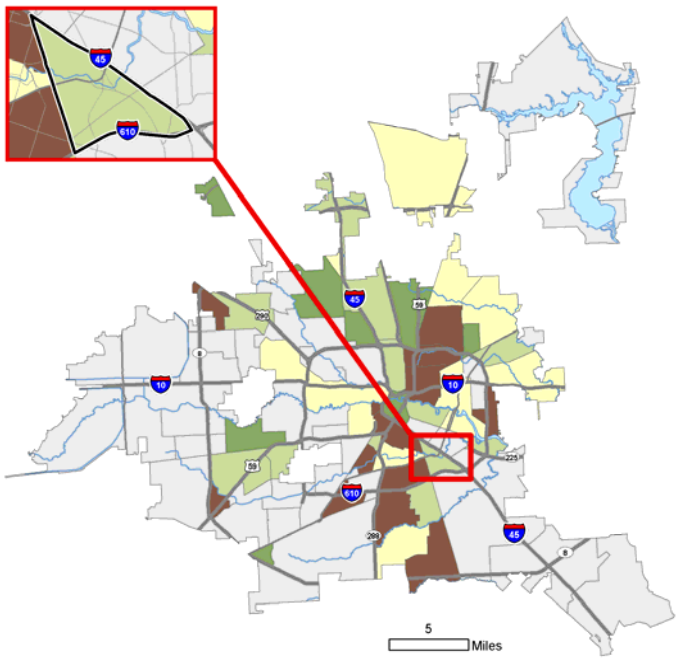


Crime in Houston



Violent Crime, 1999-2003

The annual average rate of violent crime in Gulfgate Riverview-Pine Valley was 15.0 per 1,000 population, 30% higher than the Houston rate as a whole. The firearm-related violent crime rate in Gulfgate Riverview-Pine Valley was 5.8 per 1,000 population, 35% higher than the rate in Houston overall.



Rate of Violent Crime by Super Neighborhood, 1999-2003

Gulfgate Riverview-Pine Valley was among the neighborhoods with high annual average rates of violent crime.

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate

Data Source: Houston Police Department

Tuberculosis

Tuberculosis (TB) is caused by a specific type of bacteria that spreads from person to person through the air. TB typically affects the lungs but can also affect the brain and other organs. If this disease is left untreated it can be fatal.

From 1999 to 2003, 7 newly acquired cases of tuberculosis were identified among residents of Gulfgate Riverview-Pine Valley, representing less than 1% of all cases diagnosed in Houston in that period. The annual average rate in Gulfgate Riverview-Pine Valley was 10.8 per 100,000 population, compared to 13.6 per 100,000 population in Houston as a whole. Both rates appeared higher than the national Healthy People 2010 target of 1 case per 100,000 population.

The majority (85.7%) of these cases were among Hispanic residents.

Data Source: HDHHS, Bureau of TB Control

Drowning and Submersion

Drowning and submersion injuries are often unintentional and are preventable through increased awareness of precautions that can be taken in and around bodies of water.

Fewer than 5 drowning and submersion injuries were reported among Gulfgate Riverview-Pine Valley residents from 1999-2003.

Data Source: HDHHS, Bureau of Epidemiology

Food-borne Diseases

Many food-related diseases are easily preventable. Eating well-cooked foods, keeping cooking areas free of contamination by thoroughly cleaning surfaces touched by raw meats and poultry, hand washing before handling food, and avoiding unpasteurized products are some of the measures that people can take to lower their risk of food-related disease.

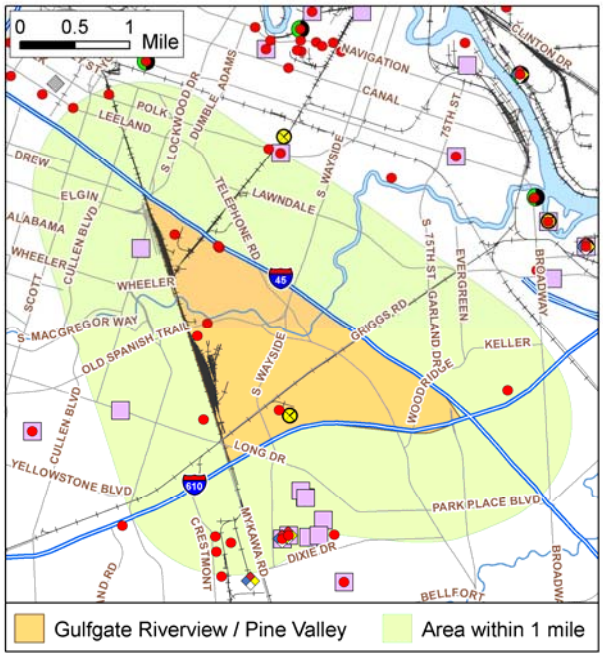
Food-related diseases are typically under-reported. It is likely that many more cases occurred from 1999 to 2003 than were actually reported to health officials.

Typically Reported Diseases	Number of Cases
Hepatitis A	<5
Shigellosis	10
Salmonellosis	8
Campylobacteriosis	<5

Data Source: HDHHS, Bureau of Epidemiology

Environmental Health and Safety

Chemical emissions and waste released into the air, soil, and water can affect everyone. Knowing the locations and types of potential polluters allows residents to better monitor the potential environmental impact on their communities.



Toxic Release Inventory (TRI) Facility
Major Storm Water Runoff Facility
Hazardous Waste Treatment, Storage, or Disposal (TSD) Facility
Large Quantity Generator (LQG) of Hazardous Waste
Major Discharger of Air Pollutants
Highway
Major Roadway
Radioactive Waste Site
Current Superfund Site
Former Superfund Site
Active Landfill
Inactive Landfill
Closed Landfill
Railroad
Bayou

Regulated Facilities

The Environmental Protection Agency (EPA) and the Texas Commission on Environmental Quality (TCEQ) administer programs which monitor and regulate facilities with the potential to release significant amounts of hazardous chemicals to the environment.

Within one mile of Gulfgate Riverview - Pine Valley, there are 16 Toxic Release Inventory (TRI) reporting facilities, 10 Large Quantity Generators (LQG) of hazardous waste, 2 facilities that treat, store, or dispose of hazardous waste, and 1 major storm water discharging facility.

These facilities are regulated under one or more of the following federal statutes: the Emergency Planning and Community Right-to-Know Act (EPCRA), the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), the Resource Conservation and Recovery Act (RCRA), the Clean Air Act, and the Clean Water Act.

The EPA provides reports concerning federally regulated facilities through an online application called Envirofacts (www.epa.gov/enviro/index.html).

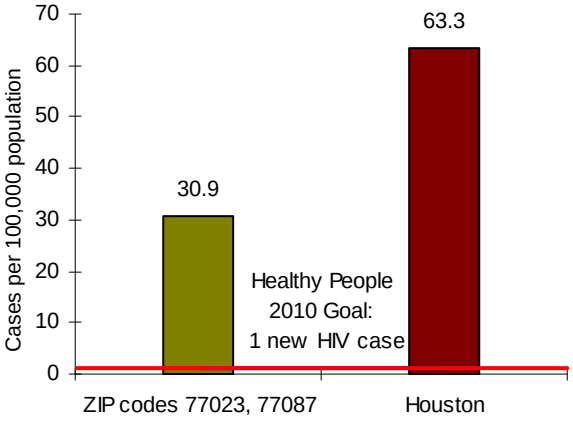
Type of Regulated Facility	Houston Count
Toxic Release Inventory (TRI) Facilities (all reporting years)	302
Major Storm Water Runoff Facilities	56
Hazardous Waste Treatment, Storage, or Disposal (TSD) Facilities	35
Large Quantity Generators (LQG) of Hazardous Waste	132

Type of Regulated Facility	Houston Count
Major Dischargers of Air Pollutants	71
Radioactive Waste Sites	4
Current Superfund Sites	12
Former Superfund Sites	5
Active Landfills	9
Inactive Landfills	2
Closed Landfills	18

Data Sources: Environmental Protection Agency; Texas Commission on Environmental Quality

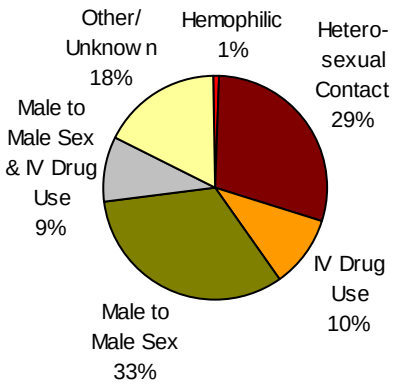
HIV/AIDS

HIV (Human Immunodeficiency virus) attacks the immune system and can progress to Acquired Immune Deficiency Syndrome (AIDS). HIV is primarily transmitted through unprotected sex or sharing needles with someone infected with the virus. It can also be transmitted before or during birth and from breast milk from mother to child. Many of those infected are unaware of their HIV status, and therefore can transmit the disease unknowingly.



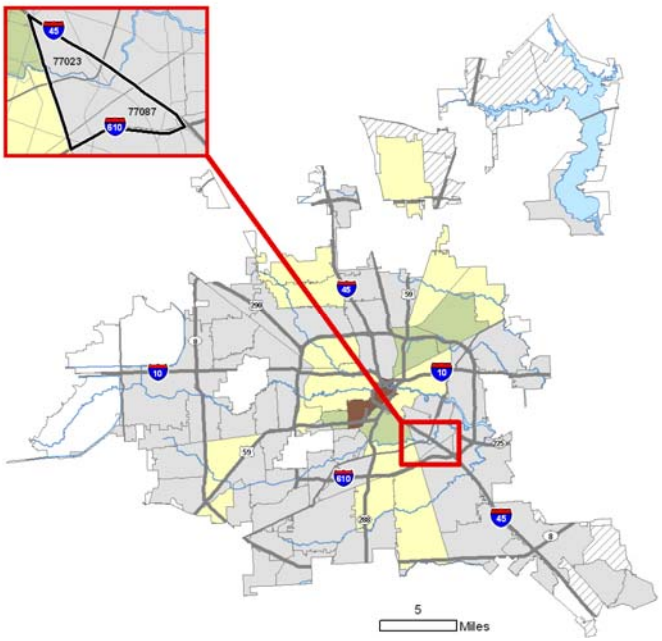
New HIV Diagnosis Rate, 1999-2003

The annual average rate of new HIV diagnosis in the combined zip codes 77023 and 77087 (which includes Gulfgate Riverview-Pine Valley) was 51% lower than the Houston-wide rate during the period 1999-2003; the rate of 30.9 cases per 100,000 population was far above the 2010 Healthy People goal of less than 1 new case per 100,000 population.



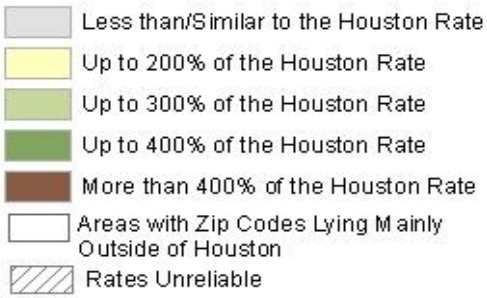
HIV Risk Factors, 1999-2003

Seventy-six percent of new HIV infections occurred in males in Gulfgate Riverview-Pine Valley. In nearly one-fifth of all reported cases, the mode of transmission was unknown. Male-to-male sex accounted for about 33% of all reported cases. This was followed by heterosexual contact (29%) and use of IV drugs (10%). Nine percent of new infections occurred in those reporting male-to male sex and IV drug use.



Rates of New HIV Diagnosis by Zip Code*, 1999-2003

The annual average rates of new HIV diagnosis in zip codes 77023, and 77087, which overlap Gulfgate Riverview-Pine Valley, were each lower than those of most other zip codes in the city.



* Annual average rates are calculated only for those zip codes that lie predominantly within the boundaries of the city of Houston.

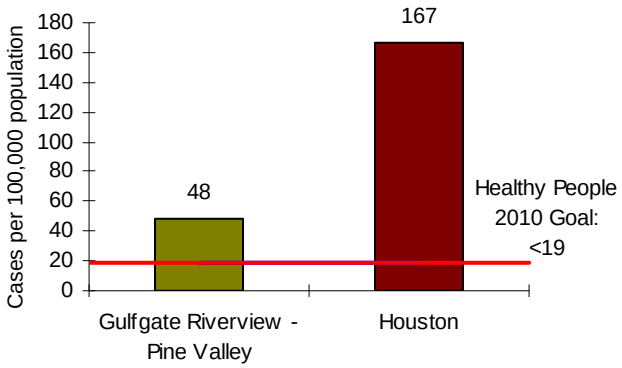
Data Source: HDHHS, Bureau of Epidemiology

Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) caused by bacteria. If untreated, it can cause serious and permanent health problems in both women and men. It also places infected persons at greater risk for HIV. Though rare, it can result in death if untreated.

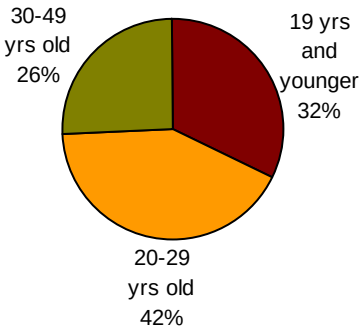
New Gonorrhea Infection in Gulfgate Riverview-Pine Valley,1999-2003

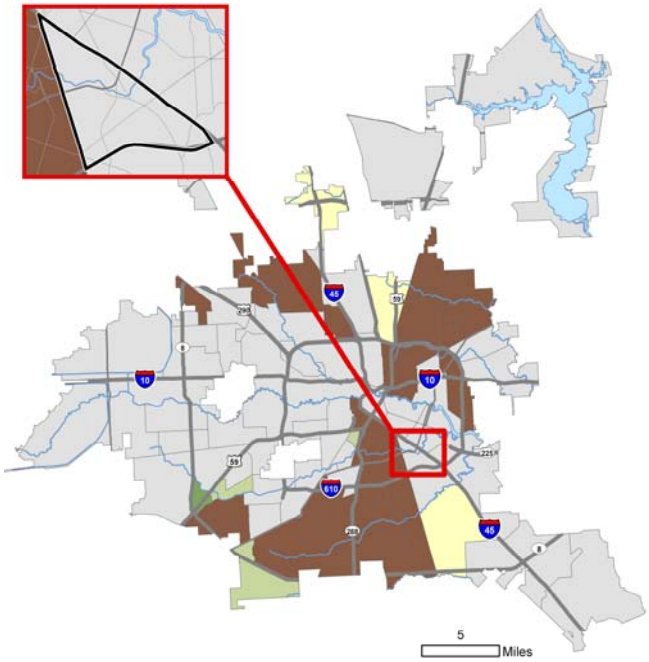
The annual average rate of new gonorrhea cases in Gulfgate Riverview-Pine Valley was 71% lower than the rate in Houston overall; both rates were much greater than the Healthy People 2010 goal of less than 19 cases per 100,000 population.



Gonorrhea Infection by Age, Sex, Race/Ethnicity

Hispanics accounted for 74% of the new cases. More than half (68%) of all cases occurred in females, and persons aged 20-29 years accounted for most of the cases.





Rates of Gonorrhea Infection by Super Neighborhood, 1999-2003

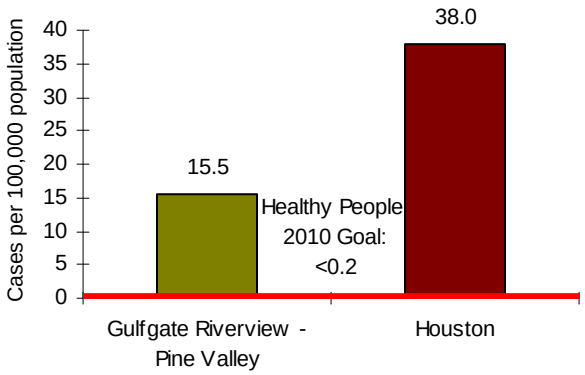
Gulfgate Riverview-Pine Valley was among those super neighborhoods with the lowest annual average rates of infection in the city.

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate

Data Source: HDHHS, Bureau of Epidemiology

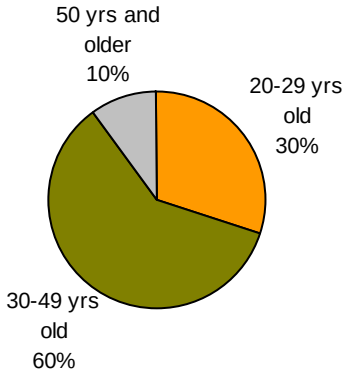
Syphilis

Syphilis is a sexually transmitted disease (STD) and is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Transmission occurs due to unprotected sex. The sores may also occur in lips and mouth. Untreated syphilis can progress into more serious conditions affecting the nervous system, heart and other organs, seriously impairing health.



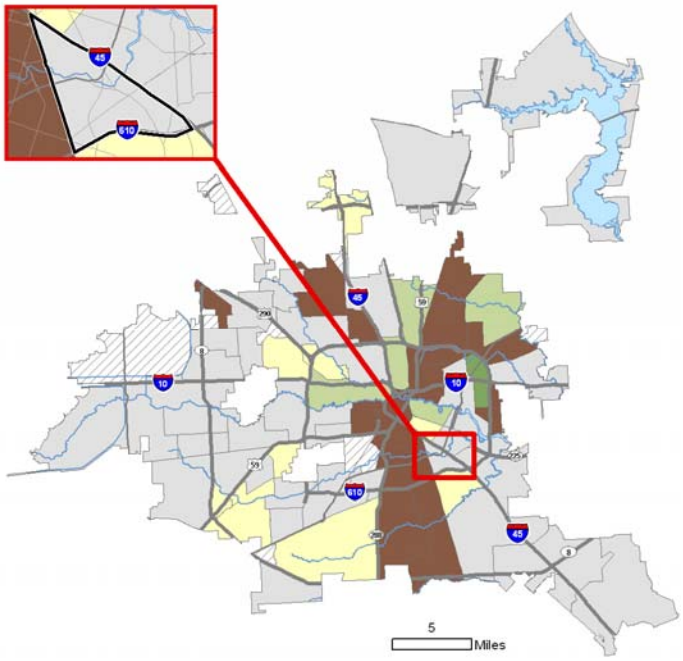
Rates of New Syphilis Infection, 1999-2003

The annual average rate of new syphilis infection in Gulfgate Riverview-Pine Valley was 59% lower than the rate in Houston overall; both were far higher than the Healthy People 2010 goal.



Syphilis Cases by Age, Sex, Race/Ethnicity

Sixty percent of new cases in Gulfgate Riverview-Pine Valley occurred among Hispanics. The proportion of syphilis cases were comparable among males and females. Persons aged 30-49 years accounted for more than half of all cases.



Rates of Syphilis by Super Neighborhood, 1999-2003

Gulfgate Riverview-Pine Valley was among the neighborhoods with the lowest annual average rates of infection in the city.

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate
- Rate Unreliable

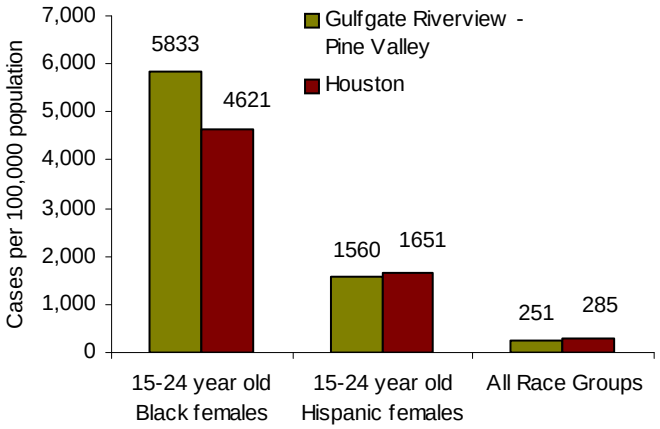
Data Source: HDHHS Bureau of Epidemiology

Chlamydia

Chlamydia is the most frequently reported sexually transmitted disease (STD) in the nation. Women are more commonly screened for the infection than are men, and those 15 to 24 years of age appear to be the most affected, nation-wide. The symptoms are usually mild and not easily recognized, causing many with the infection not to seek treatment. If untreated, chlamydia can cause infertility in women.

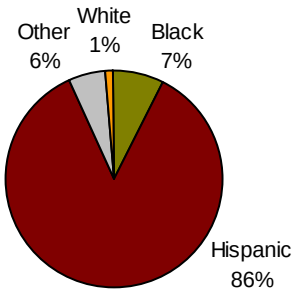
Rates of Chlamydia, 1999-2003

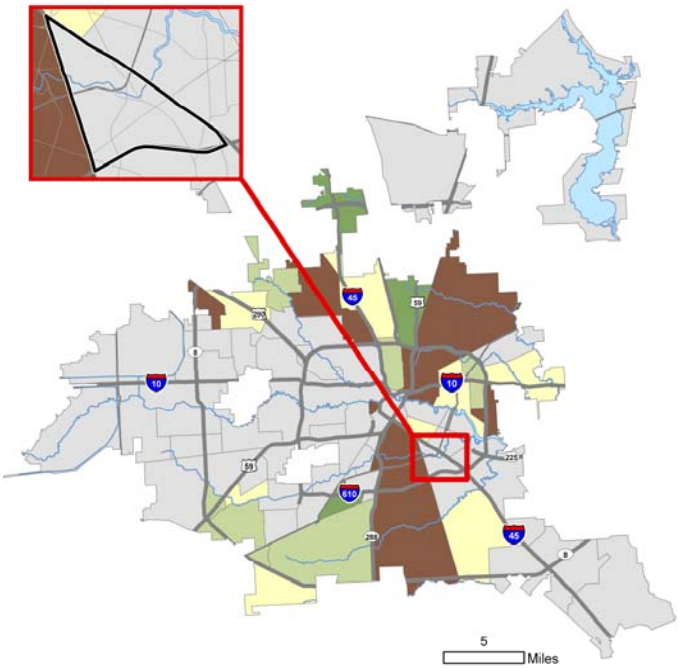
The annual average rate of chlamydia infection in Gulfgate Riverview-Pine Valley was 251 per 100,000 population, 12% lower than the rate in Houston overall. Black women between the ages of 15 and 24 years had the highest rate of infection in Gulfgate Riverview-Pine Valley, which was 26% higher than the rate in the same group in Houston overall.



Chlamydia Infection By Age, Sex, and Race/Ethnicity, 1999-2003

Eighty-six percent of all cases in Gulfgate Riverview-Pine Valley occurred among Hispanics, and eighty-five percent of all cases were female. Persons aged 20-29 years accounted for 62% of all cases.





Rates of Chlamydia by Super Neighborhood, 1999-2003

Gulfgate Riverview-Pine Valley was among the neighborhoods with the lowest annual average rates of infection in the city.

- Less than/Similar to the Houston rate
- Up to 25% above the Houston rate
- Up to 50% above the Houston rate
- Up to 75% above the Houston rate
- Greater than 75% above the Houston rate

Data Source: HDHHS Bureau of Epidemiology

Technical Notes

The Community Health Profiles Project attempts to provide the most recent statistical information available on the health of communities. The 1999-2003 series represents a "baseline" against which changes in the health indicators of communities can be evaluated over time. Data used to compile this profile are derived from a variety of sources — local, state, and national. These data sources may collect information on different cycles and therefore gaps in available years of data may be observed within a single profile.

Except where noted otherwise, rates are calculated using 2000 census data for each community, including age, race, and sex distributions. Agreement between race/ethnicity classifications in the data used in this report and those derived from the census is imperfect; disease registries do not uniformly capture ethnicity along with race and categories of "Black", "White," "Asian," and "Other" may overlap with "Hispanic" ethnicity. Despite potential overlap, in this profile, "Black" is meant as "non-Hispanic Black," "White" as "non-Hispanic White," and "Hispanic" as being persons of any race and of Hispanic/Latino culture and origin. The profiles group a range of years of data and present them, where most appropriate, as annual average incidence of the indicator. If the total number of events is less than five, the associated rate is considered unreliable and is not reported; however for Leading Causes of Death, the minimum number of deaths for reporting age-adjusted rates is set at 25. Statistics presented in profiles of super neighborhoods, medically-underserved areas (MUAs), and other geographies are based upon successful geocoding of the residence of individual cases within the boundaries of those geographic entities. The denominator in all cases is the year 2000 census, as the estimated "average" population for each year of the analysis period. Background Houston rates and Healthy People 2010 goals have been used for most indicators as a standard for comparison.

Mortality data: Mortality data have been obtained at the address level from the Texas Department of State Health Services for 1999-2003. The YPLL statistics are computed using 65 years of age as the end point. **Crime data**: Data for 1999-2003 have been acquired from the Houston Police Department at the address level of the site of the incident. **HIV/AIDS data**: As of this report, data were only available at the zip code level.

Other notes

Data for a number of additional indicators considered important for a community's assessment of its health and health planning efforts were not available at the time of printing of this document. These indicators, including various injury indicators, and more community-specific behavioral data are being collected or researched for potential inclusion in the future published version of this report.

Community Health Profiles

Community-specific public health profiles on medically-underserved areas and the 88 super neighborhoods of Houston are available from the Houston Department of Health and Human Services at **www.houstontx.gov/health.** Reports can also be requested by e-mail at **webadmin@cityofhouston.net**, or by writing to:

Community Health Statistics
Office of Surveillance & Public Health Preparedness
Houston Department of Health and Human Services
8000 N. Stadium Dr., 4th floor
Houston, Texas 77054

City of Houston
Department of Health and Human Services

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Community Health Profiles

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Office of Surveillance and Public Health Preparedness

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Editor

About Community Health Statistics (CHS)

Community Health Statistics (CHS) is a program within the division of the Office of Surveillance and Public Health Preparedness of the Houston Department of Health and Human Services (HDHHS). It is comprised of epidemiologists, statisticians, and GIS analysts who acquire data through collaboration with multiple partners within and outside the department for analysis, interpretation, and sharing of information on local health issues.

Our mission is to serve the needs of HDHHS, and the needs of the scientific community, and general public as a resource for data and information on the indicators and the determinants of the health and well-being of geographically-defined communities, as well as of other distinct population groups within the city of Houston, Texas.